

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/518825</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
		<input checked="" type="checkbox"/> Filing	1 12/21/04 \$ 100
		<input type="checkbox"/> Amendment	\$
		<input type="checkbox"/> Extension of Time	\$
		<input type="checkbox"/> Notice of Appeal/Appeal	\$
		<input type="checkbox"/> Petition	\$
		<input type="checkbox"/> Issue	\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
		<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$		
<input type="checkbox"/> Other	\$		
		7 TOTAL AMOUNT OF REFUND \$ 100	
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 14--1270	
10 REASON:			
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>paralegal</u>	
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-9115</u>	
OFFICE: <u>PCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**